



Waitemata
District Health Board

Best Care for Everyone

Urethrotomy

What you need to know

The information contained in this booklet is intended to assist you in understanding your proposed surgery. Not all of the content may apply to you. Feel free to discuss any issues and questions you may have about your surgery with the medical and nursing staff looking after you. If required, your nurse will arrange for an interpreter to assist with explaining the contents of the booklet. The interpreter can also be present for doctors' consultations. Please bring this book with you to hospital as it is a useful guide.

Mo Wai Te Ora

The Maori service team consists of Kaumata, Nurses, Social Workers, and Tikanga Support (Kaiawhina).

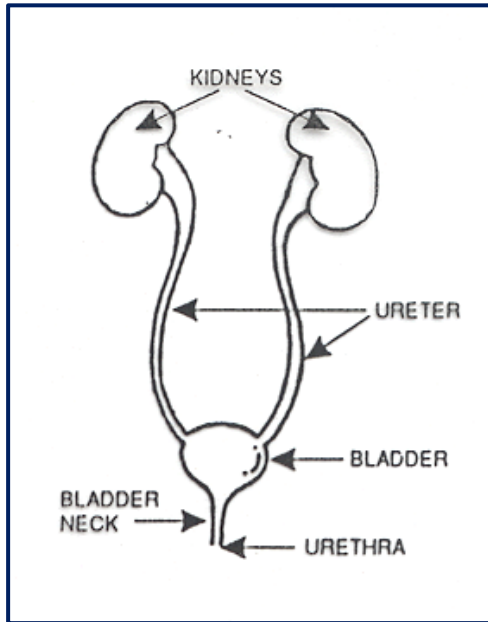
The team offers Tikanga Support to any Maori patient and their whanau accessing WDHB patient care services.

Contact: ph. 486-8324

What does the Bladder do?

The bladder is a hollow, muscular organ in the pelvis behind the pubic bone.

The function of the bladder is to collect, store and expel urine as the kidneys produce it. When the bladder is full, the nerves that supply it send a message to the brain that you need to pass urine. Then, under your control, the outlet pipe (urethra) muscles relax and the bladder contracts until it is empty of urine.



What is a urethrotomy?

This involves making an incision (cut) through a stricture or narrowing in the urethra. This is done by passing a small knife through a special instrument called a cystoscope. The cystoscope is inserted into the bladder via the urethra under anaesthetic. It has a lens and a light allowing the surgeon to view the lining of the urethra and bladder.

A urethral stricture occurs when scar tissue forms in the urethra, causing a rigid narrowing or blockage. It can result in a slow urine stream, frequent urination, incomplete emptying of the bladder and urine infections.

Potential Complications

A urethrotomy carries a very small risk of excessive bleeding and urinary tract infection. You will be monitored for these risks and treated promptly if they occur.

- **Excessive bleeding**

Your vital signs (blood pressure and pulse) and urine will be monitored for signs of excessive bleeding.

- **Infection**

Your temperature will be monitored for early signs of infection and intervention will be put in place if it occurs. To reduce the risk of infection antibiotics are given directly into your bloodstream during your operation and continued post-operatively if necessary. You can also assist with the prevention of infection by maintaining good hygiene.

Length of Stay

Some patients are able to go home on the same day as their surgery, others may need to stay overnight. However, if other procedures are required it may be necessary for you to remain in hospital for a few more days. Your doctor will discuss this with you.

Before Surgery

Who is available to help?

Medical staff

Your surgeon or specialist nurse will explain why you require surgery and what other treatments may be helpful. They will explain the operation, and the risks associated with the surgery. This consultation will occur in the outpatient department.

Nurses

It is important that you are well informed before surgery. If you have questions or concerns, please phone the hospital on ph: 4868900 and ask to speak to the urology nurse specialist.

When you are discharged from hospital your nurse will provide advice and practical help for when you go home.

A referral to the district nurse will be made when you leave hospital if you have a urinary catheter.

Informed consent

On the day of your surgery your doctor will ask you to sign a form to give written consent that you understand what is involved with the operation and for an anaesthetic to be administered.

Our expectation is that you feel fully informed about all aspects of your surgery before giving written consent.

Tests

Blood samples

Samples of your blood may need to be sent to the laboratory to check your general health before surgery.

Midstream urine

A sample of your urine is sent to the laboratory to check that there are no bacteria.

ECG

An electrocardiogram (ECG) of your heart may be required depending on your age and any diagnosed heart conditions.

Other measures

Nil by mouth

As your stomach should be empty before an anaesthetic, you must not eat anything or drink milk products six hours prior to surgery. You may, however, be able to drink clear fluids up to two hours before surgery - the Pre-Admission Clinic nurse will clarify this with you.



After Surgery

You are transferred to the Recovery Room next to the operating theatre. Your condition is monitored and when you are awake and comfortable a nurse and an orderly will escort you back to the ward or day stay recovery room on your bed.

On the ward / day stay recovery room

Your nurse will check the following regularly:

- Vital signs - your blood pressure, pulse, respiration rate and temperature
- The severity and location of any pain or discomfort
- The amount of urine you are producing
- The effectiveness of pain relief
- The amount of oxygen in your blood

You may have

Intravenous (IV) fluids

A small tube (leur) is placed into a vein in the forearm to give you fluids and medications.

Oxygen

Oxygen is often given for the first 24 hours after surgery via nasal prongs or a facemask to help with breathing and healing.

Urinary catheter

You may have a tube in the urethra that will drain the urine from your bladder. This can be secured to your leg for comfort. The timing of the removal of the urinary catheter varies. If you go home with a catheter, you will be taught how to manage it prior to discharge and given a plan for the removal of the catheter.

Continuous bladder irrigation

Your urine will contain some blood after surgery that can clot and cause blockages. Therefore, for 6-24 hours your catheter may be connected to an irrigation system that flushes the bladder in order to prevent these problems.

If a blockage does occur, your nurse will flush the catheter with a syringe filled with salt water (saline) in order to unblock it.

Pain relief after your surgery

A urethrotomy is not usually painful post-operatively. However, you may experience a burning sensation in the urethra and a strong desire to pass urine (bladder spasm). These symptoms can be relieved by medications that reduce the acidity of the urine and/or relieve pain. A local anaesthetic jelly applied to the catheter insertion area may also help. If these measures are not successful, you may require intravenous pain relief.



The PAIN SCORE is a way of your nurse establishing how much pain you are experiencing by your grading of your pain from 0 to 10 where 0 = no pain and 10 = the worst pain you can imagine. If you have pain or discomfort, please tell your nurse.

Food and fluids

After you have fully woken up from your anaesthetic, you will be able to progress from sips of water to a full diet in a short space of time.

Mobility

You will usually be up and about a short time after your surgery. Your level of activity will increase as you recover.

Discharge Advice

- Your hospital doctor will provide your first sickness benefit certificate/medical certificate and will advise you when to return to work.
- Drink approximately two litres of fluid over a day if possible for the next 2 weeks or so. This is easier if you vary your fluids (eg. fruit juice, cordial, tea) in addition to water. Avoid drinking large amounts at once as it may make you feel bloated or nauseous.
- Paracetamol (Panadol) taken 4 hourly is usually sufficient for pain. Citravescent or Ural sachets (available from your chemist) will help relieve any burning when you pass urine.
- Avoid heavy lifting or strenuous activity for 3 weeks – this can cause fresh bleeding from the healing area.
- Avoid sexual activity for three weeks.
- It is important to have regular bowel motions to avoid straining when having a motion. A high fibre diet and gentle exercise reduce the risk of constipation.
- Your urine may be slightly bloodstained for the first few days after discharge from hospital. This is normal and should resolve within one week. If bleeding persists, becomes heavy or clots appear, contact your GP promptly.
- Also see your GP promptly if you experience chills, fever or pain in your bladder or back, or your urine is cloudy and offensive smelling. These symptoms may be indicative of a urinary tract infection and require treatment.
- If bleeding occurs and you cannot pass any urine it is important to return to hospital quickly so that it can be attended to. You should attend the Emergency Centre at your local hospital in the first instance.

If you need to be admitted to the urology ward, you will be transferred to Auckland City Hospital under the care of the acute urology team.

Follow-up

Discharge letter

You and your GP will receive a copy of a letter outlining the treatment you received during your hospital stay. This will be posted to you if it is not completed by the time you leave hospital.

GP

When you are discharged from hospital you will be under the care of your GP who will look after your general health and monitor your progress.

Outpatients appointments

You will receive an appointment to attend Urology Outpatients usually 6-8 weeks after discharge.



This will be posted to you.

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